

**NJ Division of Highway Traffic Safety
Quarterly Progress Report**

Quarter Ending: _____

Project No.: _____ Project Title: _____

Project Director: _____

Address: _____

Project Period: _____ Federal Funds Obligated to Project: _____ Date: _____

Project Description: _____

Objective: _____

☐ Completed ☐ In Progress ☐ Scheduled to Begin ☐ Will not complete for the following reason:

Accomplishments (Refer to strategies listed in grant): _____

Objective: _____

☐ Completed ☐ In Progress ☐ Scheduled to Begin ☐ Will not complete for the following reason:

Accomplishments (Refer to strategies listed in grant): _____

Objective: _____

☐ Completed ☐ In Progress ☐ Scheduled to Begin ☐ Will not complete for the following reason:

Accomplishments (Refer to strategies listed in grant): _____

Objective: _____

☐ Completed ☐ In Progress ☐ Scheduled to Begin ☐ Will not complete for the following reason:

Accomplishments (Refer to strategies listed in grant): _____

Please continue on addition sheets as needed

Expenditures (for Quarter):		Expenditures to Date:		Allocated	Expended
Personal Services:	_____	Personal Services:	_____	_____	_____
Contractual Services:	_____	Contractual Services:	_____	_____	_____
Commodities:	_____	Commodities:	_____	_____	_____
Indirect Costs:	_____	Indirect Costs:	_____	_____	_____
Other Direct Costs:	_____	Other Direct Costs:	_____	_____	_____
Total (for Quarter)		Total:			